

"THE CORONER'S SYSTEM"

By **JESSE L. CARR, M.D.**
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I

BY the report of the National Research Council in 1928, the coroner's system was indicted in the United States. At this time, after an apparently unbiased investigation of the relative merits of the coroner and the medical examiner, the coroner's system was condemned without qualification, and its abolition was advised. This condemnation proceeding was instituted after first considering the inadequacies and evils of the coroner's plan, following which these were compared with the apparent benefits of administration by a medical examiner in the centers where such changes had been made. At that time the main objections to the general system were two: First, the office of the coroner was elective, although he decided no questions of public policy, and the office could easily be made a site of political intrigue. Second, although instituted in the reign of Henry IV during the early part of 1194, it had not kept pace with the advance of medicine generally, but was still resting on the archaic foundation originally constructed, and operating with a senescence in keeping with its age. The report visualized the coroner as frequently a poorly paid, untrained and unskilled politician who, popularly elected for a short time, often held office with a small, mediocre staff, working in inhospitable surroundings, with wholly inadequate equipment. The report further specifically enumerated the evils and weaknesses of the coroner's office in San Francisco at that time, the objections being in the order of undesirability:

1. That the coroner's office was elective.
2. That, although the morgue was modern and adequate for gross pathology, there were no facilities for microscopical or bacteriological work.
3. That no file for scientific reference was kept.
4. That microscopic work done outside for the office was accepted by the coroner's pathologist only if it pleased him.
5. That no use was made of the vast amount of teaching material available.
6. That the coöperation between the coroner and the legal and prosecuting staffs of the city was poor, and that cases were frequently neglected because of the trouble necessary in collecting facts for their prosecution.

RECENT ARTICLES ON THE SUBJECT

More recently, many articles * have appeared from the pens of those who are aware of an old

* Editor Note.—One of the articles to which Doctor Carr refers was the editorial, printed on page 340 of the November, 1934, issue of CALIFORNIA AND WESTERN MEDICINE, in which attention was called to the excellent "Coroner's System" exhibit of the Institute of Medicine of Chicago at the Century of Progress Exposition. On page 356 of the same number, a leaflet put out by the Institute was reprinted.

In order to present both sides of the question, a proof of Doctor Carr's article was sent to Dr. Oscar T. Schultz, chairman of the Committee on Medico-legal Problems of the Institute; and his comments, which follow on page 275, are printed as Part II of this discussion of "The Coroner's System," his paper being captioned: "Why the Medical Examiner Instead of the Coroner?"

situation. They complain of the system in various modern rearrangements of the old theme, and suggest that it is time for the people to awaken and do something about it.

As advised by many, the coroner's office can be abolished by statute and a medical examiner substituted; the inference being that such a medical examiner will be capable of conducting an able pathological and medico-legal study. This substitution will indeed solve many difficulties if it can be done simply, but changing statutes is a long and tedious process and the supply of good medical examiners is limited. There is obviously no benefit in substituting a poor medical examiner for a coroner, good or bad.

The other alternative is to place in the office of coroner such an individual as one would select for medical examiner, and one who can develop the office to its necessary capacity.

Doctors have been and will again be elected to this office without changing statutes or losing caste. They will not at first be either entirely qualified or efficient, but the improvement over the quality of ignorance and opacity presiding in these offices at present would be considerable. It is the old problem of evolution versus revolution; and, certainly, with the vote of the sovereign people, intelligent doctors in their counties can begin the evolution of adequate medical-examining individuals or boards by use of the popular vote.

THE CORONER'S OFFICE OF THE CITY AND COUNTY OF SAN FRANCISCO

Many of these social and political changes have already occurred in the city and county of San Francisco. Because of this, and with the knowledge that things happening here can occur elsewhere, the development and progression of the coroner's office is detailed below; not necessarily as a model, but as an example of possibility.

During the past six years the San Francisco coroner's office has had an opportunity either to prove the committee's original contention by a haphazard and mediocre continuation of the old-time coroner's system or to demonstrate that, with proper changes, even the old system could be made efficient. It is interesting now, in retrospect, to compare the committee's criticisms and advices with the subsequent changes in régime and to measure the composite of this development with the structure of the medical examiners' systems operating in several large eastern cities.

A year after the committee report in January, 1929, a grant from the city established the laboratory of microscopic and cellular pathology and bacteriology at the city morgue. A technician was provided and a supervising pathologist was placed in charge of the pathology on part-time basis. Shortly after this appointment the files of the office were revised and microscopic reports were incorporated in the protocol. These were accepted without qualification by the autopsy surgeon and read to the coroner's jury as part of the evidence. They were refiled with the complete protocol.

In 1932 the city of San Francisco, after several years of study adopted a new charter, under the

provision of which the coroner's office was removed from election by popular vote and made appointive; the choice being made by the chief administrator's office, with the approval of the Board of Supervisors, recall being accomplished by the same sequence following conviction by open trial.

Under an arrangement with the University of California, much of the valuable material from the city morgue was taken to the University of California Museum, where it was mounted. On January 1, 1933, by further correlation with the University of California, utilization of the coroner's material for clinicopathological teaching began, and since that time clinicopathological conferences have been held at the San Francisco City and County Hospital, Mount Zion Hospital, French Hospital, and the University of California Hospital on cases previously seen in these institutions and subsequently autopsied at the coroner's office. This correlation of clinical and autopsy material has been of infinite benefit not only to students, but to the attending staffs of these hospitals, and has enabled the coroner's office to augment the protocols of these cases with complete clinical records.

In June, 1933, the city and county built and equipped for the coroner's department a museum room at the city morgue, for preservation of suitable material as evidence, and for the use and education of the office and its staff. In August, 1933, a complete Leica system was installed for routine photography, and a Bausch & Lomb bullet-comparison and hair-comparison microscope was purchased for use in the study of criminal cases. A dark room was built in the laboratory, with the usual developing and enlarging equipment set up in this space. The photographic material is filed numerically with the gross and microscopic findings.

By evolution in the six years just past, the coroner's system in San Francisco has become a singular example of the medico-legal phase of administration in city government. The coroner holds office by the same virtue that a medical examiner is appointed. He has the same power, except that his opinions are balanced by jury. Diagnosis rests not alone with the autopsy surgeon, but with the pathologist who checks the work done at the autopsy table, and the consulting chemist, who analyzes the organs. Through association with both the State University and the City Hospital, the coroner's material is used for teaching; and by this connection the coroner has the privilege of calling any of the staff of the University of California Pathological Department into consultation. The toxicologist remains unchanged and his work uncriticized.

SUGGESTIVE VALUE OF THE CHANGES MADE IN SAN FRANCISCO

The foregoing is offered, it must be realized, not as defense of an office, but rather as an invitation to the medical profession throughout the State to observe the changes and advantages possible under an operating coroner's system. That

such changes can occur with even greater facility outside of San Francisco than they have here should go without saying; but that these changes must be effected by the medical profession, both in the nomination of proper individuals to hold the position of coroner and in the appointment of adequately trained autopsy surgeons, is essential. At the present time the shift of the coroner's system to a medical-examining system in practically any county of California would result in no improvement of conditions, and possibly contribute to a state less desirable than that which now exists. The reason for this is, of course, that there are few adequately trained medico-legal investigators in the profession. We see this tragic ignorance manifest frequently in autopsies which are performed by physicians at the request of county coroners throughout the country. To handle the situation there must be members of each county group who have, at least, the fundamental training requisite to doing an intelligent pathological study on the human body; and they must add to this knowledge certain essential points in the detection and conviction of crime. Facilities for such education are at hand. The need is imminent, and the personnel certainly must be available.

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WHY THE MEDICAL EXAMINER, INSTEAD OF THE CORONER?

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II

DR. CARR'S opening sentence refers to a study made for the Committee on Medicolegal Problems of the National Research Council, the results of which study were published in 1928.¹ In 1932 there appeared the results of a further study² undertaken for the same committee of the National Research Council. The later study reviewed again the problem presented by the coroner's office in the United States, chiefly from the standpoints of how the work done by this office fits into the general field of legal medicine in this country, and how legal medicine should and might be developed.

In the discussion of possible future developments, attention was called to the fertile and promising field presented in certain states through the state university. A statement (pp. 73-76) by the president of the University of California re-

* From the office of the chairman of the Committee on Medicolegal Problems of the Institute of Medicine of Chicago.

† Editor's Note.—This is a companion article to Dr. Jesse L. Carr's paper on "The Coroner's System," printed on page 274.

See also letter from Doctor Schultz, printed in this issue, on page 317.

¹ Schultz, Oscar T., and Morgan, E. M.: The Coroner and the Medical Examiner. With a Supplement on Medical Testimony by E. M. Morgan. Bull. No. 64, National Research Council, Washington, D. C., 1928.

² Schultz, Oscar T.: Possibilities and Need for Development of Legal Medicine in the United States. With a Supplement on University Departments in the Field of Criminology. Bull. No. 87, National Research Council, Washington, D. C., 1932.